DOCUMENT RESUME

ED 204 471 UD 021 557

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TITLE Can TESOL Teachers Address the Mental Health Concerns of the Indochinese Refugees? Draft.
PUB DATE 8 Mar 80
NOTE 26p.: Draft of paper presented at the Spring Convention of the Teachers of English to Speakers of Other Languages (San Francisco, CA, March 8, 1980). For a related document, see UD 021 558.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Acculturation: *Adjustment (to Environment): Asian Americans: *English Instruction: *Indochinese: Language Teachers: Mental Disorders: *Mental Health: Refugees: Student Teacher Relationship: *Teacher Role

ABSTRACT

This paper examines research in the fields of psychology, anthropology, and the Teaching of English to Speakers of Other Languages (TESOL) as it relates to the mental health needs of the Indochinese refugees. It is argued that TESOL instructors are in a key position to influence the adaptation process of refugees in their classes. Cultural values of the Indochinese are explored, and methods that TESOL instructors might use to facilitate acculturation and improve mental health are outlined. Teachers are urged to remain aware and responsive to changes in their students' behavior. (APd)

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Can TESOL Teachers Address The Mental Health Concerns Of The Indochinese Refugees?

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Draft of a Talk delivered at the
1980 Spring TESOL Convention
March 8, 1980.

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INTRODUCTION

At the end of 1979 the Indochinese refugee population in the United States numbered almost 300,000 (Indochinese Refugee Reports, 15 January, 1980). The literature on migration shows a clear association between the experience of uprooting and mental illness (Cohon, 1977; Zwingmann and Pfister-Ammende, 1973; Rumbaut, 1977; Burvill, 1973). Unipolar affective disorder - depressive reactive type has been frequently used to describe symptom clusters observed with different immigrant and refugee groups (Pedersen, 1949; Berner, 1965; Eitinger, 1960; Koranyi et al., 1963; Cohon, 1979). These symptoms have often included psychosomatic complaints (Gordon, 1965; DeMartis et al., 1974; Haavio-Mannila and Stenis, 1974). Paranoia with persecutory trends has also been common diagnostic label applied to immigrant behaviors (Dragonov et al., 1971; Eitinger, 1960; Krystal and Petty, 1963; Yeh, 1972).

There is also agreement that the processes of adaptation, assimilation and/or acculturation to a new environment are multi-dimensional and demand a range of new behaviors which may require minor or major changes in ad individual's coping styles -- none of which need be maladaptive or patho-

logical (Kim, 1979; Kiefer, 1974; Zwingmann and Pfister-Ammende, 1973). Goldlust and Richmond (1974) describe a multivariate model of immigrant adaptation; Pisarowicz (1979) identifies eight main categories, four subjective and four objective, concerned with the socio-psychological aspects of adaptation; Starr (1979) notes six primary characteristics in his model of refugee adjustment which contains over 1,500 potential variables; and Morrison (1973) shows numerous intermediate variables in the association between immigration and mental illness.

This means that refugees will have multiple service needs which can be met either by a single individual trained to perform various resettlement related tasks or by different persons specializing in employment, outreach, assessment, TESOL, skills recertification, social adjustment, home management, translation and interpretation. In some locations there are no alternatives and one person must become a jack-of-all-trades. However, where a division of responsibility is possible, there are reasons that make a differentiated service approach for refugees more appropriate and this is particularly so with regard to mental health needs.

As of October 1, 1979 the federal government had expended $505.4 million on HEW contracted refugee services which included special projects for teaching English as a second language (TESOL), vocational training, and mental health (Taft, et al., 1979). It has been documented that the concept of mental health is highly stigmatizing to most Indochinese; that they will avoid seeking mental health services; that they desire concrete and practical solutions to their problems; and that they do not perceive benefits from talk therapy (Cohon, 1977; Tung, 1978a, 1978b; Kleinman, 1977). Because of these obstacles to providing mental health services to the refugees, other methods of delivering these services in a more culturally acceptable fashion have been discussed. It has been suggested that TESOL classes be used to address the mental health needs of the refugees (Cain, 1979; Mueller and Conway-Cassidy, in press). However, many of the same values and beliefs that inhibit Indochinese from seeking help from the existing mental health system also operate in TESOL classrooms. TESOL teachers who introduce techniques aimed at promoting better mental health in their students should be aware of the potential negative outcomes arising from their efforts. This paper examines some of the research in the fields of psychology, anthropology, and the Teaching of English to Speakers of Other Languages (TESOL) as

it relates to the mental health needs of the Indochinese refugees.

TESOL AND REFUGEES' MENTAL HEALTH

Ability to learn the new language and occupational satisfaction are two of the most crucial variables for facilitating the process of refugees' adjustment to a new culture (Cohon, 1977). Language has also been described as the "life-blood of culture" (Indochinese Refugee Reports, February 12, 1980), and Kiefer (1974) defines culture as a shared symbol system. Language is also the most important aspect of communication since it not only allows us to transmit information to one another but also to acquire and retain information so that we can store experiences and develop assumptions and expectations about our environment (Ruesch and Bateson, 1951). With culture-mates these assumptions and self- and mutual expectations are closely linked, detailed and confident, whereas with persons remote from us in language and culture or experience, the net of assumption is weaker (Vickers, 1971). This important relationship between language, culture, and communication locates TESOL instructors in a key position to influence the adaptation process of the refugees in their classes.

It is worth noting that the original 1976 mental health pilot projects were funded because there was evidence from TESOL and vocational training programs which showed that Indochinese students were having difficulty studying and attaining the government's primary goal of self-sufficiency because of "emotional problems." TESOL teachers continue to find refugee students who appear to have a variety of emotional problems. In addition to teaching English, instructors also want to alleviate some of the suffering they perceive in their students. Even where services are available, referrals to agencies that have bilingual mental health workers are not always effective. As noted, the literature documents that minority group members are reluctant to seek services for psychological problems, and this has also been the case with the Indochinese (Tung, 1978; Sue and McKinney, 1975; Triseliotis, 1975; Cohon, 1977; Lindemann, 1969). In contrast to this situation, very close bonds often develop between Indochinese refugee students and their teachers (Harmon, 1979). This is in part due to the high esteem accorded education and teachers within the traditional cultures of Indochina, as well as and also the daily contact between students and teachers that frequently occurs after initial resettlement.

Three different levels of mental health prevention are generally acknowledged:

> Primary prevention -- refers to both the promotion of general mental health and the protection against occurrence of specific disease.
>
> Secondary prevention -- the early detection of disease and the earliest initiation of treatment.
>
> Tertiary prevention -- the elimination or reduction of residual disability after an illness (Zusman, 1975).

TESOL techniques that structure classroom experiences in order to evoke emotional reactions, rehearse situations involving conflict, or build self-esteem in students fall predominantly within the area of primary prevention. Creators of one of these teaching methods assume that:

> "When these issues are discussed in an understanding group, students begin to feel less alienated from each other and from the teacher. They begin to understand themselves and others better and, as they gain insight into the causes of the conflict, they are able to see options and alternative ways of behaving." p. 1 (Blot and Sher, 1978).

However, before implementing such programs, it is important to note that there is no consensus in the mental health literature that insight produces positive outcomes in therapy (Orlinsky and Howard, 1978). The idea that raising to consciousness of memories and related emotions de-

riving from traumatic events has positive therapeutic effect and relieves symptoms is a western belief based on Freud's traumatic theory of neurosis (Nemiah, 1978). Furthermore, evaluations of the effect of primary prevention efforts are highly sceptical and critical of the application of this concept, a finding that is complicated further by the absence of a professional agreement on a definition of the term mental health (Zusman, 1975; Spitzer and Wilson, 1975).

There are also constraints that operate on both teachers and students which inhibit the potential to establish a psychotherapeutic relationship. Ironically, language differences are the primary obstacle to effective communication. The teachers have large classes, no space or privacy, unfamiliarity with the values of Indochinese cultures and little formal mental health training. Simultaneously, students are having to adjust to a classroom situation in which the teacher no longer believes in a traditional role. There are also strong cultural values operating to prevent students from sharing their feelings. For example, the Vietnamese saying, "We lose our appetite when we eat our fill, so we lose our reason when we give free vent to anger," and Confucious' saying, "To give free course to passions is to imitate the behavior of barbarians," illus-

trate the high value that is placed upon repressing affect. With the Vietnamese the overriding purpose for containing emotion is the preservation of harmony in human relations (Grognet, et al., 1977) which is exemplified by the Vietnamese saying, "Never fall into the extreme, whether it is under or above the golden mean." TESOL teachers want active student participation in contrast to an Indochinese learning style which is receptive (Harmon, 1979; Binh, 1975; Grognet, et al., 1977). A well-meaning teacher's attempts to engage a student who appears withdrawn and depressed can unintentionally create a conflict between differing values and add to a student's confusion. However, in some instances their reluctance to approach students allows serious problems to deteriorate further.

Philosophical , rooted in Confucianism, Taoism, and Buddhism the traditional Vietnamese did not see himself as a totally independent being but rather as a system of relationships in a universe extending from the family to the heavens (Fitzgerald, 1973). Having a clearly defined role in society is a central value of Confucian philosophy, and for the Vietnamese the social role is the man (Slote, 1972; FitzGerald, 1973). The teacher is accorded a highly esteemed position in the Vietnamese role hierarchy with clearly defined modes of behavior and conduct. Theravada Buddhism

predominates in both Cambodia and Laos which combine with a widely accepted popular belief in spirits to form a universal world view which spirits and man share (Groget, 1977; Westermeyer, 1979).

There is no research to suggest what might occur for Indochinese in a group setting with goals to relieve psychological dysfunction. It is possible that a group of this sort will function as a self-support group. The support group has grown in use as a technique for giving emotional support to persons with a wide range of problems. Bertcher (1979) has a general description of a support group as a small number of persons (usually 5-12) who have in common some adverse life experience and who meet together to share concerns, problems, and coping strategies (p. 14).

Despite the lack of data with Indochinese refugees as well as the contradictory findings on western therapy groups and preventive methods (Lieberman, et al., 1973), TESOL teachers have developed classroom exercises to meet not only the English Language needs of the refugees but also to improve their mental health. Mueller and Conway-Cassidy (in press) are developing materials to get students to reflect on adjustment experiences, and they intend to use these with students of a low intermediate level in

English who already have some experience at coping with America. Cain (1979) criticizes the absence of accurate data describing the English language needs of the Indo-chinese and advocates combining ESL with research. He then goes on to define the role of the ESL teacher as a teacher/counselor/resettlement worker/job developer who will do "whatever the refugees and the teachers decide they want and need." (p. 13). This multi-purpose teacher described by Cain may become a source of confusion to newly arrived refugees who have definite culturally based expectations about a teacher's functions. Refugees are already confronted with a vast system of services and a variety of workers to assist with resettlement. Because of TESOL the geographic distribution of refugees and shrinking funding support, teachers in many locales are already providing services far in excess of their job descriptions (Harmon, 1979) which has resulted in frustration and burnout.

David (1969) finds a consensus in the literature that migrants who are well informed about their new socio-cultural environment tend to adapt to it more readily then those who are less informed. Long (1980) has stated a need for Indo-Chinese refugees to know how the American system works so that they can obtain available services. Since roughly

85% of newly arrived refugees speak little or no English, and the majority of these are not literate in their own language, rudimentary language skills are an essential step that allows the Indochinese to begin to take care of their own basic needs for food, shelter, clothing, etc. (Mannino, 1980; Harmon, 1979).

In addition to teaching "survival skill" English, language instructors can give an overview of the various community services which would help to establish clearer expectations about the new system than if teachers themselves attempt to provide the services. Teacher efforts should aim to clarify the roles of the various service providers within the broader system. When individual efforts by teachers are outside their prescribed duties, an explanation of this in relation to other roles should be given. Cain's desire to have the teacher and the student share the responsibility for deciding what to teach is also inconsistent with the Vietnamese view of the teacher as the expert in matters related to the classroom. Vietnamese students would likely be confused and embarrassed by an invitation to suggest to the teacher what he/she should be teaching, or what he/she should do to meet student's diverse needs.

Within the TESOL field several other methods have evolved that intend to: 1) develop a positive attitude towards oneself (Galyean, 1977); 2) make greater use of the affective domain in language acquisition while examining what is beneath the "surface structure" of what we do in order to look at motivation (Brown, 1977); and 3) use the classroom to explore real life experiences which often evoke strong emotional responses (Bodman and Lanzano, 1975; Blot and Sher, 1978; Mueller and Conway-Cassidy, in press). These latter approaches to language learning do not try to provide solutions to the situations that they depict in order to allow students the opportunity to apply solutions particular to their unique backgrounds. However, as Brown (1977) points out in his critique of Curran's "Counseling-Learning" and "Community Language Learning" C-L/CLL), students' resources may be so deficient that they require guidance and direction in order to begin functioning rather than facing another decision. As noted, many students will expect their teacher to assume responsibility for directing the class.

Haldane (1979) acknowledges that the Southeast Asian preference for resolving conflict by striving to achieve "harmony" encourages many refugees to avoid asking questions

that might make another person feel uncomfortable or criticized. He points out that because of this dominant value refugees may miss the opportunity to talk about their recent experiences because other refugees avoid discussing them (i.e., to avoid disturbance of what is harmonious). By inference he implies that talking about recent memories will have a positive effect upon the refugees and that it is important ot have these experiences. Psychological studies of grief and loss conducted in the West support his position (Lindemann, 1949). However, as noted before, discussion of upsetting experiences conflicts with many refugees' value orientation, and advocating this kind of verbal exchange in a classroom risks upsetting Judochinese students.

Haldane's paper (1979) raises another question about how persons who work with new immigrants ought to behave as bearers and interpreters of culture. Generalizations about cultural values and behaviors are a form of stereotyping which overlooks that individuals who are teachers teach individuals who are refugees. It is important to remember that not only cultural, but personal and historical factors shape individual behaviors and to avoid thinking about another culture as an ETIC-derived set of responses to prescribed situations (Brown, 1977). There are innumerable inter-

personal contexts that are a function of social relationships, roles, audiences, or reference groups and these will ultimately determine the form and extent of adaptation to a new cultural environment (Kiefer, 1974). This suggests that for certain refugee students in certain classroom acculturating experiences will occur that positively affect that refugee's mental health. Applying specific instructional techniques in TESOL classrooms as a panacea for alleviating emotional problems fails to account for individuality and important cultural values.

STYLES OF INSTRUCTION

Despite these obstacles TESOL teachers are often the only contact that refugee students have with a westerner. Because of their significance, teachers do effect students' adaptation. Small group instruction is probably best to use with students who lack formal educational training and are illiterate in their own language. Ausebel's subsumption theory provides one model for presenting material to refugees who are unfamiliar with both our system of education as well as the subject matter for study. Ausebel's theory is suggested because it is consistent with a field-dependent mode of perception (Witkin, et al., 1962). In the initial classes an interpreter, either a bilingual

aide or an advanced student, can explain classroom procedures and answer student questions about the strange situation. If no translators are available, then teachers must rely on their own creative skills for pantomime. Following this, learning proceeds from a general overview of what the learner will eventually be presented. Building upon initial cognitive structures additional material is presented in organized, clear, and structured form making use of visual aids and relating concepts to immediate surroundings. After giving an initial global overview of the material for learning, Ausebel advocates the use of advance organizers which involves introducing subconcepts that in crease familiarity and meaningfulness of new material. These suggestions for TESOL are taken from principles of educational psychology, and it is probable that TESOL theories exist that already approach this basic instructional task in a more sophisticated fashion. The intent here is not to present specific TESOL techniques, but rather to suggest a general approach that is consistent with a process of learning that moves from the global to the articulated (Witkin, 1967). This instructional style then functions as an analogue to the process of acculturation for Indochinese who are now being exposed to a rational, logico-deductive worldview that dissects wholes into parts.

This paper is not calling for an end to attempts to address affective needs when teaching English to Indochinese refugees, but intends to point out some points that teachers and researchers should pay attention to in implementing programs. For example, the use of small group discussion without the teacher being present (Blot and Sher, 1978) is consistent with the definition of the optimal size of a support group (Bertcher, 1979). In part, structuring a group this size shows sensitivity to the cultural issue of face-saving that inhibits open expression by many Asians (Ho, 1976). Participation in these small groups should be voluntary and no grades given for performance.

Kluckhohn's five basic value orientations have been used as a focal topic in a seminar in value differences for Indochinese mental health trainees and have provided a vehicle for discussing current feelings about conflicting values (Cohon, 1979; Shaw, 1979). Trainees in these seminars demonstrate keen sensitivity to the process of cross-cultural communication. This suggests that the process of teaching in the classroom context is more instructive than the specific content of the lesson, an example of analogic communication or metacommunication (Watzlawick, et al., 1967; Bateson, 1972). In other words, the process

of teaching to refugees demonstrates the particular value orientations of the instructors and informs more about western culture than specific bits of information. A teacher who becomes over-extended in an effort to meet diverse student needs can appear fragmented and not be able to convey an informative picture of the new world that refugees are entering.

The goals and objectives of the United States resettlement effort also communicate our particular value orientation to the refugees. Program coordinators and ESL teachers involved in teaching ESL to Indochinese in HEW Region X (i.e. Washington, Oregon) indicated two major objectives to their classes: 1) to provide basic English communication skills often defined as "to develop survival skills," and 2) to provide English skills needed to develop economic self-sufficiency (Harmon, et al., 1979). Haldane (1979) states that the first two of seven "musts" to enable Southeast Asian refugees to become self-dependent are: 1) early employment, and 2) learning sufficient English to get along. Most agencies doing resettlement generally consider the goals indicated in both of these reports essential to promoting self-sufficiency in as rapid a period of time as possible the primary goal of resettlement and considers

successful acculturation to have taken place when an immigrant or refugee is not a drain on the economy.

Not surprisingly, the actions taken by persons from various professional disciplines engaged in the resettlement effort and/or studying the acculturation process such as sociology, anthropology, psychology, psychiatry, ethnomedicine, communication and religion also reveal a great deal about our own cultural value orientations. Theories explaining cultural adaptation and new methods developed to facilitate this process for different refugee groups imply that there is value in making this effort; that man is capable of solving problems by applying rational thought; that action can accomplish measureable results; that individuals should be viewed as unique beings who can internalize skills that will allow them to function effectively in a self-sufficient manner; and that significant adaptive changes can be accomplished in specifiable time periods. When these values are contrasted with those of cultures where acceptance of one's fate, control and containment of impulses, wu wei or do-nothing as described by the philosopher Lao Tzu, mutual dependence on one another, and past historical experiences are all given high value, the differences are apparent. Nevertheless, our western values direct us to pursue various alternatives to solve

the numerous human problems associates with acculturation and to research and revise these alternatives as they are proven inefficient or as they become obsolete. Hopefully, these efforts will be carried out sensitively and with respect for other cultures.

A final comment about TESOL and refugees' mental health related to the level of secondary prevention of mental illness which involves early detection and treatment of problems. Most teachers don't have formal training in evaluation and diagnosis of mental disorders. Because teachers are in daily contact with their students, changes in students' demeanor or behavior become important cues. Teachers need particular awareness of these changes with their Indochinese students because the value placed on repression and denial of affect contribute to making overt symptoms more subtle. Experience with other refugee and minority groups indicates that frequent complaints about headaches or other physical symptoms sometimes suggest a psychologically based problem. The teacher must be cautious not to put a student in an embarrassing situation by calling this to the student's attention in front of others. If there are doubts about the existence of a problem, calling in a consultant is adviseable. If this service is not available, a private conversation with the student should

be offered. Any referral ought to be done on a personal basis with a formal introductory meeting convened by the referring TESOL teacher. Tertiary prevention of mental illness is the elimination or reduction (i.e., treatment) of existing problems. As with secondary prevention, most teachers are not equipped with training to address this area of concern, particularly in a culturally appropriate manner. Many persons in the United States have come to view psychotherapy as a cure for various problems but there is little agreement on what psychotherapy involves or on its efficacy in helping people. Brown (1975) notes that current definitions of the term mental health are so ambiguous that they describe "a human ecology that encompasses at least the earth, if not the universe . . ." (p. 2324). Rather than impose this ambiguity on refugees whose needs for structure and stability are more like those of a newborn child (Weinberg, 1955), it would be better to call English instruction what it is and not confuse the task. The effect of English instruction on assimilation, adaptation, and acculturation will occur regardless, and by clearly delineating its aims it will be more acceptable to the Indochinese.

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